## 7388/2

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Certified Copies	Certificates	of Status
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DIVISION OF CORPORATIONS
7003 FFB 24 PM 3: 32

R.A. Charge



ASSOCIATION OF BREVARD.

2200 W. King St Cocoa, FL. 32926

2-11-03 To whom it may concern,

We need to reinstate this non-profit corporation. I have enclosed What I believe to be the proper paper work and amount. Flease advise asap if further nonies or documentation is siguild. Thank you!

4900 8 years Sincurely,

Dama L.

Thone: 1-321-636-5111 12: 1-321-636-5222

miabrevarde yahoo.com email

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of <u>FLORIDI</u> submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.  1. The name of the corporation: MARINE IND 25TIZIES ASSOCIATION
OF BREVARD, INC
2. The mailing address of the corporation: 2200 1D. KING 6+
3. Date of incorporation/qualification: 4-22-977Document number: 738812
4. The name and address of the current registered agent and office:
GRIFFIN, DONNAC.
202 E. FAU GALLE BLVD & DECEASE
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P.O. Box Not Acceptable)  DANNA L. STONE  P. SEE
2200 W. KING ST
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
(Signature of an officer, phairman or vice chairman of the board)  (Date)
MARK R. LESLIE PRESIDENT (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
Sommer How 2/11/03 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

CR2E045(9/00)

\* \* \* FILING FEE: \$35.00 \* \* \*